THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.

VOL. IV. NOVEMBER, 1855. NO. 11.

ORIGINAL COMMUNICATIONS.

ART. I.—*Cases of Eczema, Reported to the Regular Meeting of the Cook County Medical Society, for October*, 1855. By T. BEVAN, M. D., of Chicago.

JUNE 19th, 1855.—Mr. Wm. Felley brought to my office his boy of 3 years, who had been affected with an eruption about the anus since the second week of his life. He had been treated in New York and this city, by various medical gentlemen, and with little or no amelioration of his symptoms—he presents the appearance of rather a debilitated condition of the general health, is somewhat emaciated though not very much so,—his bowels are alternately loose and constipated, appetite pretty good, very much annoyed by the eruption about the anus, which itches and pains him constantly. When he walks he straddles his legs wide apart so as to prevent the friction and consequent pain of the nates against each other. The eruption presents a continuous redish purple surface, presenting some points of excoriated surface, some veritable scabs and pustules of the kind appertaining to Eczema impetiginodes. Radiating from the circumference of the anus are numerous fissures varying in depth, from the 32d to the 1-16 of an inch, and length from $\frac{1}{8}$ to $\frac{3}{4}$ of an inch.

The history of the case as well as I could learn was, that the fissures had always existed; the redness and eruption was sometimes much better than at others, corresponding to the subsidence and desquamation of the Eczema. He has great pain at stool, especially if the fæces be hard or even of normal consistence, and his countenance presents the peculiar appearance of a person suffering from a constantly recurring pain.

The husband admitted to having had on two occasions the venereal disease; but from examination I was satisfied it had never made any constitutional appearance.—(He has a stricture also, which presupposed an antecedent gonorrhea. The parents are of the lower class of English—not particularly filthy, but of none the most careful habits.) The discharges from the bowels and bladder do not irritate by remaining in contact with the diseased surface. The whole surface diseased would amount to about ten or eleven superficial square inches.

My diagnosis was a case of chronic Eczema impetiginodes complicated with fissures of the anus. These fissures of the anus sometimes occasion the most tormenting pains, causing a sort of spasmodic action of the sphincter: judging, first, it was judicious to combat the eczema, I put the patient on the solution of arseniate of potassa. Fowler's solution, in doses of three drops, three times a day. To the surface of eruption, I directed to be applied after each discharge from the bowels a solution of sal soda, and regularly three times a day, cleansed with this solution, and an application of the solution of corrosive sublimate in the emulsion of bitter almonds. Applied at night after being well cleansed, I directed an ointment of

℞ Axunge, ℥j.
Ung. Hydrarg. ℥j.
Pulv. Opii. ℈j.
Tannin ℥j.
M. Ung.

To be freely applied to the surface. I should have stated that this, from the scales not being well removed at first, did not come in contact with the surface as I desired, and I directed a poultice of

flax-seed meal, during two or three nights after which the above treatment was continued.

On the 25th, there was a very decided amelioration of the eczema; the surface was clean, and less pain with stools, the fissures were contracted, some of them extending within the anus. Persisting, I directed the ointment to be introduced on the finger within the anus. The arsenic being borne well by th stomach, I directed five drops instead of three, at a dose, and the other remedies were continued, and when the bowels were constipated to be opened with flor. sulph. and magnes. sulph.

July 1st.—There has been rapid disappearance of the fissures; there is no pain at stool; appetite has been rather poor on account of arsenic causing some irritation of the stomach, diminished the dose to three drops, and continued medicine as before.

July 20th.—Almost well.

Sept. 1st.—The fissures have certainly disappeared, the skin has assumed the natural appearance, and the parts are perfectly sound and healthy. Child is rapidly increasing in flesh and vigor, and the cure is perfect.

CASE NO. II—Occurred in a girl of 11 years, the daughter of Mrs. W———l.

For ten months the scalp has presented points of inflammation characterized by small vesicles accuminated, confluent, agglomerated, and diffused over the surface of the scalp; containing a transparent serous fluid. These vesicles developed on a surface sometimes red and inflamed, and sometimes almost without redness or apparent inflammation of the skin, ruptured and exhale the liquid which is soon converted into white dry scales, adherent to the hairs and surface, amid which they are formed, and in this as in most cases of eczema of the scalp, swarming with small *deer* and their deposits.

The younger sister of the patient is affected with the disease, though not to the same extent as in the first case. The whole scalp, as far as there is hair, is attacked some with the coating of scales and vermin. I directed the hair to be clipped off as close as pos-

sible with scissors; a warm poultice of the linseed meal to be applied to the whole surface of the scalp, and following this the head to be thoroughly cleansed with the alkali. Against the vermin the unguentum hydrarg, and frequent cleansings of th e scalp were directed ; following this the solution of

Corrosive Sublimate, grs. v.
Emuls. Bitter Almonds ℥j.
M.

Freely applied to the eruptive surface in conjunction with the arsenical solution, three drops at a dose, three times a day, and keeping the bowels free with the sulph. and magnes. Under this treatment the eczema rapidly disappeard, and six weeks from the commencement of the medication, the scalp was perfectly free from disease.

The other case of her sister was treated in the same way with the same results.

The results of these cases are very favorable to the effectiveness of the preparation of arsenic in this variety of chronic exanthemata, as a constitutional remedy ; and notwithstanding the fears that some entertain of its injurious effects on the system in the production of ascites, anasarca, etc., is one of our best remedies in combating those diseases. Cazenave, who has for years used the remedy in hundreds of cases, attests that when prudently administered it is not more dangerous than Quinine or a host of other remedies used every day in our ordinary practice.

Another remedy which was used in these cases, I would commend to the notice of the gentlemen of the society, which is the Emulsion of Bitter Almonds, either alone or holding in solution the Sublimate of Mercury. It is applicable to all cases of exanthematous diseases having a persistent tendency. There seems to be, especially with exanthemata, a local predisposition, as well as general, and in combating this I have found it especially useful, continued for months if necessary. I have seen it in several cases eradicate erysipelas of the face, and it is the only remedy known to me that will have this effect.

ART. II.—*Report on the Sanitary Characteristics of Chicago during the Summer of* 1855; *or the connection between Meteorological Phenomena and the Prevalence of certain diseases.* By N. S. DAVIS, M. D., &c. Read to the Cook County Medical Society, October 9th, 1855.

THERE is no subject of more interest to the physician, or of greater importance to the community, than that which relates to the causes of disease. More especially is this true in relation to those causes, whether predisposing or exciting, which determine the prevalence and severity of such endemic and epidemic diseases as recur annually, at stated seasons, or more irregularly and at longer intervals, but with greater relative fatality. For just in proportion to the extent and correctness of our knowledge concerning the efficient cause or causes of any particular disease will be our ability to modify or entirely counteract the effects. All the important questions relating to the establishment of Quarantines, and other sanitary regulations for the prevention of disease, in cities and isolated communities, can only be answered by a careful and rigid investigation of all those circumstances capable of affecting the health either of separate classes or of the whole community. Investigations by individual members of the profession and by special sanitary commissions, both in this country and Europe, have been made sufficient to show that as a general rule, diseases, whether endemic or epidemic prevail most and are most fatal in those parts of cities where the inhabitants are subjected to the combined influences of filth, dampness, and poverty. Hence great emphasis has been placed on the necessity of removing these circumstances, and the idea has been inculcated that such removal would be sufficient of itself to prevent the occurrence of severe epidemic or endemic diseases.

That the circumstances just alluded to are sufficient often to determine the development of typhoid and typhus fevers, dysentery, erysipelas, &c., in individuals exposed to them, I have no doubt. That by their debilitating influence on those habitually exposed to them, they act as predisposing causes of epidemic diseases, is also evident. Consequently there is generally a greater annual average mortality in districts where these circumstances exist than in those otherwise the same, but where these are absent.

It requires, however, but a moderately close search into the detailed history of epidemics occurring at the same place in successive years, or in different places during the same year, to show that the circumstances and conditions generally included under the head of filth, dampness, and poverty, are not alone, or all combined, sufficient to explain the origin and prevalence of such diseases.

A still smaller amount of research will show that their origin and spread cannot be *generally* traced to any species of importation, communicability or contagion. I say *generally*, because it must be admitted that in some instances the facts are so plainly and directly in favor of communication by importation in ships from infected places, that the conclusion cannot be easily avoided. Yet where one such unequivocal case occurs, a score of others are on record in reference to which no such origin can possibly be traced. Yet millions of money have been expended by municipal governments in establishing and enforcing Quarantine regulations under the confident expectation of preventing severe pestilences by cutting off their introduction from abroad. In view of the present uncertainty and defective knowledge on this subject, it is a duty incumbent upon the Medical Profession to enter upon a still more careful and extended investigation of this whole matter. In conducting this inquiry we should not start with the effort to collect such facts only as tend to corroborate or disprove some special theory; but we should first consider carefully, the various modes by which morbid causes, of whatever nature, may be made to act simultaneously on whole communities or particular parts of communities. If we reflect a little upon this preliminary question, we shall perceive that any cause capable of acting upon whole communities, must exist in the soil upon which they live, or in the water of which they drink, or in the air they breathe. In other words a cause, to act on many persons at the same time, must gain access to them through some one of those elements that are common to all. By doing this we obtain a basis for investigation; and we may next proceed to the inquiry whether particular changes in any of these elements invariably precede or accompany the prevalence of any one disease, or class of diseases. In pursuing this

inquiry we shall find no difficulty in tracing a close relationship between certain appreciable conditions of the atmosphere, such as temperature and moisture, and the prevalence of some diseases.

Thus we find diarrhœas and dysenteries prevailing, more or less, during certain warm months of the year, in all cities and densely populated districts; however diverse may be the geological formations on which they are located.

Again, we trace with equal readiness the connection, to a certain extent at least, between certain geological formations and the prevalence of periodical fevers. But while we may easily fix upon certain conditions of soil and atmosphere which hold a pretty uniform relation to endemic diseases, or such as prevail habitually in particular localities, or during certain seasons of the year, the true *epidemics* appear and disappear so irregularly, at intervals so remote, and on geological formations so diverse that it is not easy to ferret out the laws which govern them, or the changes in the elements which precede and accompany their prevalence. We have indulged in these general observations, not with the intenton of pursuing the investigations to which they relate in all their bearing, but rather for the purpose of indicating their importance and of showing their connection with the observations which follow. As a member of the Committee on Epidemics and the Sanitary condition of this city, I must restrict my report on the present occasion mostly to a detail of facts as they have come under my observation during the past summer. But I trust the society will excuse me if I so far digress from the legitimate business of the committee as to compare these facts with those gathered during the two preceding summers, with a view of determining how far valuable conclusions may be drawn, in reference to the connection between certain atmospheric conditions and the prevalence of such epidemics, as have come under our observation. At the meeting of this society in June a report was made, containing a brief account of the prevalence of disease in the city from the beginning of the present year to that date. From that report and other sources, we learn that the monthly mortality thus far during the present year, has been as follows, viz.:

January,	1855,	whole	number	of deaths,	128
February,	"	"	"	"	103
March,	"	"	"	"	124
April,	"	"	"	"	105
May,	"	"	"	"	90
June,	"	"	"	"	87
July,	"	"	"	"	239
August,	"	"	"	"	448
Sept.,	"	"	"	"	310

It will be seen by this table that the smallest number of deaths occurred during the month of June, being less than three per day in a population of 80,000. The weekly reports of deaths show nearly the same low ratio of mortality during the first two weeks of July. During the third week, however, a pretty rapid increase took place, and during the fourth and fifth weeks the mortality reached near the maximum for the summer. Thus during the

First week in July,	whole	number	of	deaths	was		22
Second	"	"	"	"	"	"	34
Third	"	"	"	"	"	"	74
Fourth	"	"	"	"	"	"	90

The weekly mortality for the month of August was as follows, viz.:

First week	from	the	3d	to	the	10th, 95
Second	"	"	10th	"	17th,	116
Third	"	"	17th	"	24th,	87
Fourth	"	"	24th	"	31st,	109

During the month of September, the mortality again decreased from week to week as follows:

From September	1st	to	8th,	deaths,		104
"	"	8th	"	15th,	"	91
"	"	15th	"	22d,	"	65
"	"	22d	"	29th,	"	50

From these weekly details, it will be seen that the number of deaths rapidly increased from the middle of July to the 17th of August; then notably declined for one week, followed by an increase from the 24th of the latter month to the 15th of September; since which time the number has again steadily decreased. On examining the Meteorological records kept during the last three

months, and comparing them with the foregoing tables of weekly mortality, some interesting coincidences may be noticed. The month of June was unusually cool, and the average degree of moisture in the atmosphere not above the ordinary standard; although to this there were some minor exceptions which will be noticed when we consider the prevalence of particular diseases. The first six days of July were all marked as clear, cool, and dry, except a slight sprinkling of rain on the morning of the third. During all these days the atmosphere contained less than the ordinary degree of moisture, and the wind was from the West, North-west, and North. The seventh was still clear and dry, but much warmer. The eighth was very warm, with south wind and copious showers of rain. The ninth was clear, extremely warm, and atmosphere *saturated* with moisture, with a continuance of wind from the South. The eleventh and twelfth were clear, cooler, and wind from the East. From the thirteenth to the nineteenth it was clear, except showers on the fifteenth and seventeenth. The atmospheric temperature and moisture were both high during the whole time, with the prevailing winds from the South and South-west. The morning of the nineteenth, was clear, warm and oppressive, with wind from the South and a moist atmosphere. It continued so until half past three o'clock, P. M., at which time the mercury in the Thermometer stood at 96° Fahrenheit. At that hour the wind suddenly changed and blew from the North-west and North, with so rapid a reduction of the atmospheric temperature, that at four o'clock, P. M., the mercury had sunk to 68° F.; thereby showing the downward range of 28° in half an hour. At six o'clock the same evening the temperature was only 62°. thus showing the extreme range of 34° in the short space of two and a half hours. It remained cool only about 48 hours, when the temperature again increased with the full medium degree of atmospheric moisture. On the 25th it was warm and rainy with the wind from the West. The 26th and 27th were recorded as "clear, but damp and oppressive," with the wind from the South-west. The remaining four days of the month were less hot, but the moisture of the atmosphere was but little if any less than during the preceding

two days. The meteorological characteristics of the month of August are given as follows in one of the daily papers of the city, communicated by an intelligent druggist of this city, viz. :

"The promise of early summer has not disappointed us; and August has proved a cool, refreshing, and comfortable month. The mean temperature for the month has been 72°, more than 4° less than the average of August, 1854. The average height of the mercury at 7 A. M. was 66°; at noon 77°, and at 6 P. M. 72°.

"The mercury rose to 80° and over on thirteen days of the month, and fell below 60° on two days, the 17th and 18th. The hottest day was the 31st, when the mercury rose to 89° and the coldest on the 17th, when it descended to 52°. Thus the total range for the month was 37°. The average daily range was 12°, the highest on the 31st, 24°, the smallest on the 22d, when the mercury indicated the same degree (64°) throughout the day.

Refreshing rains have fallen on seven days of the month, twice accompanied with thunder, viz. : on the night of the 3d and the 15th. The sky has been clear on fifteen whole and seven half days, and cloudy on seven whole and nine half days.

The wind has blown from the North, on two whole and six half days, from the N. E. on five whole and five half days, and from the N. W. on one whole and two half days. It has blown from the South on one whole day and two half days, and from the S. E. on one whole day and five half days, and from the S. W. on five whole and six half days. It has blown from the East on three half days, and same from the West. The prevailing wind from the N. and Easterly quarters explain the coolness of the month, affecting favorably the health of the city, and the chief cause of sickness has been the sudden atmospheric changes, which have occurred on eight days of the month, more especially on the 20th, 21st, 24th, 25th, and 31st.

The summer of 1855 is ended; and all will gratefully contrast it with its predecessor the summer of 1854. JOSEPH WILLARD."

This account though sufficiently correct as far as it goes, is deficient in two particulars important to the Medical inquirier. It gives us averages of temperature, winds and rain, without stating to what extent any of these elements coincided at any one time; and it omits all information on the subject of atmospheric moisture.

If we should say that the seven rainy days were pretty equally distributed through the month; that each was preceded by two or three days of warm, clear, weather, and immediately followed by a North or North-east wind and two cool days, we should convey

a pretty correct idea of the weather for the month. The coolest part of the month as indicated by the summary of Mr. Willard, as well as our records, was from the 17th to the 24th. With the exception of a very few days, the atmospheric moisture was above the average throughout the month. Its maximum degree was from the sixth to the fourteenth of the month. The meteorological characteristics of the first half of September corresponded very closely with those of August. On the seventeenth, at noon the temperature was 86° F.; but during the following night a violent storm of rain and wind from the North-east occurred, with a reduction of temperature to 62° F., on the 18th, and to 58° F., on the 19th at noon. From that time to the end of the month, the atmosphere was cool, moderately damp, and the prevailing winds from the North and East.

If we compare these meteorological details with the weekly mortality as already given, we shall find that every marked increase in the ratio of mortality was immediately preceded or accompanied by an elevated temperature, high degree of atmospheric moisture, and South or South-westerly winds.

For striking examples of this, note the rapid increase of mortality during the third week in July and the last week in August. On the other hand the continuance, for three or four days, of a low degree of temperature and moisture, with winds from the North and East, was uniformly followed by a decrease of mortality. This was strikingly illustrated during the week following the 17th of August, and again after the severe storm of the 17th and 18th of September. If we now turn our attention to the prevalence of particular diseases, we shall observe coincidences equally interesting with the foregoing. The month of June, as seen by reference to the table presents a lower ratio of mortality than any other month of the present year: yet it was during the latter part of that month, that those diseases commenced their prevalence which proved most fatal during the remainder of the summer. For several days preceding the 16th of June the atmosphere had been clear, dry, and pleasant. On the 16th it become more warm and damp, followed in the evening by copious showers with thunder, and a cool North-east wind.

During most of the 17th the atmosphere was filled with a dense cold fog, followed by rain again at night. The 18th, 19th and 20th, were clear and cool, but the atmosphere damp. On these days several fatal cases of cholera were reported at Bloomington, in the central part of the State, about one hundred miles South of this city. The morning of the 21st was quite warm and damp. At noon a shower of rain with wind from the West. The afternoon was clear, warm and damp. The 22d and 23d were cool and damp, with a dense chilling fog in the morning. From the 24th to the end of the month the atmosphere was moderately warm and moist with the prevailing wind from the South and South-west. Cases of acute dysentery began to occur, and rapidly increased in number from the 21st to the 23d; characterized by violent pains in the abdomen, tenesmus, and frequent discharges of mucus mixed with blood. During the same time attacks of diarrhœa and vomiting were frequent though rarely fatal. Some of these strongly resembled mild cases of genuine Cholera. From the 14th of June to the 8th of July the attacks both of dysentery and diarrhœa were less frequent, and generally easily controlled by medicine. On the 9th there was a remarkably rapid increase of both these diseases. Between the morning of the 9th and mid-day of the 10th, I saw in my own private practice twelve cases of dysentary, six of cholera morbus, all dating their commencement between the evening of the 8th, and the morning of the 10th. From the morning of the 11th to that of the 14th, I saw only two new cases of dysentery, and one of diarrhœa. From the 14th to the 19th, attacks of both diseases became more frequent. From this last date to the 15th of September, dysentery became *the prevailing* disease of the season, causing not less than thirty deaths in July, fifty-five in August, and forty in September. At no time during the past summer did the Cholera assume an epidemic form, and yet we had no period of three successive days, combining a warm and damp atmosphere, with South or South-west winds, without some fatal cases of this disease.

The whole number of deaths from Cholera, as near as could be ascertained, were in July 25, August 67, and September 44;

making a total of 136. Attacks of ordinary intermittent and remittent fevers have been more frequent during the month of September than for several years past. The mortality from all the varieties of general fever, is reported for the month of August 10, and September, 21.

It is now three years since I commenced a careful series of observations on the atmospheric changes and the coincident prevalence of disease. These three years embrace the summers of 1853, '54, and '55 : and it may not be uninteresting to take a retrospective view of the prominent characteristics of each. With the exception of a few days about the middle of June, and a like period near the middle of August, the temperature of the summer of 1853, was about the average as deduced from a series of years. Both the exceptions named, were short periods of extraordinarily high heat. During all that summer, however, the atmosphere at this place and throughout the North-West, was remarkably dry. Nearly all the rains that occurred, were immediately followed also by a clear, cool, and dry atmosphere. The summer of 1854, presented features directly opposite. From the last of June to the first of October, the temperature was high and the atmospheric moisture much above the average standard.

The showers of rain that fell from time to time, were also followed immediately by a high degree of both temperature and moisture, creating an atmosphere at once oppressive and enervating. The prevailing winds were from the South and South-west. The summer of 1855, as you have already gathered from the details just given, has been charcterized by a low average temperature coupled with a high degree of atmospheric moisture ; and with very few exceptions, the showers have been immediately followed by North and East winds, and sudden reduction of temperature.

The month of August, as already stated, gave an average temperature full 4° below that of the same month, in 1854. It will be seen that the three summers present striking meteorological differences. The differences in the prevalence of disease and the resulting mortality are equally striking.

The summer of 1853, for instance, was remarkably healthy throughout the North-West. The inhabitants of this city enjoyed an unusual exemption from the prevalence of epidemics and all other severe diseases. The ratio of mortality for the whole year of 1853, was only one for every fifty of the city population. On the other hand, the summer of 1854 was accompanied by one of the severest cholera epidemics that ever scourged our city; swelling the mortality for the entire year to the startling ratio of one in every nineteen of the population.

The summer of 1855, though free from the prevalence of any epidemic, and favoring our city with a ratio of mortality not above the average of a long series of years, was yet attended by decidedly more sickness, especially from dysentery and fevers, than that of 1853. If we estimate the mortality of the remaining three months of the year on the supposition that good health is continued, we shall have a total mortality for the year 1855 of two thousand one hundred; which is about one to every forty of the present population.

Thus we have in the first of the three years a ratio of mortality extremely low; in the second, extremely high; and in the third, about the average of ordinary healthy seasons.

If we enquire for the causes which have produced this diversity of results, we shall be compelled to look principally to the meteorological phenomena already detailed, for in every other particular the condition of the city has remained the same. There have been no important changes during these years, either in the cleanliness of the streets, the extent of sewerage, or in the habits and customs of the people. The only appreciable change in the hygienic or sanitary condition of the city, consisted in a more extensive supply of Lake water through the new Hydraulic works, which were put into operation early in the year 1854. The influx of new comers and the increase of population has been extremely rapid during all the years under consideration. Neither can it be claimed that the cholera epidemic, and consequent high ratio of mortality in 1854, was owing to any accidental importation of that disease from other locations. For there was the same tide of unrestrained immigration during the summer of 1853 as

in 1854; and though some show of Quarantine regulations was adopted by the city authorities early in the summer of 1855, yet fatal cases of cholera were actually brought into the city at several different times.

One of the cases was mentioned in a report to the Society at its meeting in June. (See *N. W. Medical and Surgical Journal* for July 1855). Another occurred in the person of a Baggage Master on the Chicago and Mississippi R. R., who died in collapse at the Sherman House in this city, on the night of the 24th of June. Other similar cases occurred sufficient to show that there was no lack of importation from abroad; and certainly the cases occurring in our midst during the summer were sufficiently numerous to have propagated it, (if it were capable of propagation), as extensively as during any former season.

There was, therefore, nothing in the cleanliness of streets, the sewerage, the ventilation of houses, the supply of food or drink, or in the free communication with other locations which would cause the prevalence of disease during one of these seasons to differ materially from the others. From all my observations and reading during the past three years, I have arrived at the following conclusions in relation to the causes of cholera, diarrhœa, and dysentery:

First, that the origin and prevalence of these diseases depend directly on certain appreciable conditions of the atmosphere.

These conditions result from certain combinations of heat, moisture, and electricity, which are capable of affecting both the elementary properties of all the tissues, and the condition of the mucous and cutaneous surfaces of the body. The conditions most favorable to the development of cholera and serous diarrhœas are high temperature combined with a high degree of atmospheric moisture, and (in this locality) a South or South-west wind. At no period of the summers of 1854 and '55, did these conditions co-exist for three consecutive days without producing a marked increase of these affections. The same atmospheric conditions, coupled with frequent alterations of temperature from heat to cold, are most favorable to the production of dysentery; particularly of the inflammatory type. These two conditions were strikingly

illustrated by the months of July and August, in the years 1854 and '55. The atmosphere during those months of the first named year was almost continuously hot, damp, and oppressive with the prevailing winds from the South. During those of the last named year, it was much of the time damp, but at no time hot more than three or four consecutive days without a sudden change to cold with North or North-east winds.

Second, that while certain atmospheric conditions constitute the efficient determining cause of the diseases under consideration, the local circumstances of filthy streets, imperfect drainage, confined air, over-crowding, the use of intoxicating drinks, &c., constitute important predisposing agencies, which though seldom sufficient alone to develope epidemic affections, yet always serve to render them, when once begun, more prevalent and fatal.

The foregoing details may appear to some tedious and unnecessary, but I only regret that my time will not permit me to make them still more minute and full. For one of the principal reasons why the facts of meteorology have heretofore thrown so little light on the causation of disease, is because observers have been too content with the obtaining of *mean* or *average* results for given periods of time, without patiently observing the daily variations and coincidences. It is easy to perceive that the same month in two successive years may give very nearly the same *mean*, both of temperature and atmospheric moisture, and yet these elements may be combined variously in different parts of that time.

SELECTIONS.

On Sterility depending on certain diseased states of the Lining Membrane of the Womb; its treatment and cure. By WM. CUMMING, M. D., F. R. C. P., Edinburgh—Vice President of the Edinburgh Obstetrical Society.

Cases of essential and incurable sterility depending on the female are extremely rare; and it is not my purpose to refer to the cause of this form. But cases of removable sterility are very numerous; and it may be interesting to detail some of the causes of it, the treatment, and the results.

I. One of these causes is a diseased state of a portion of the lining membrane of the uterus in cases of mal-position, the diseased part corresponding with the angle formed by the flexion of the womb on itself. According to my observation, the displacement of the womb most frequently accompanying this morbid condition of the mucous membrane, is anteversion, but other forms of displacement are not exempt from disease. I am now disposed to believe that no more displacement or contortion of the uterus will prevent impregnation, and that it is only when this is accompanied by a congested or ulcerated or otherwise diseased state of the lining membrane that it is a cause of sterility; and the reason of this seems to me to be, that the morbid part so flexed acts as a valve, which, while it allows a passage, painful or painless as may be, to the menstrual and muco-purulent discharges from within, refuses entrance to any fluid, such as the seminal, from without.

When these cases first came under my notice many years ago, being at that time inclined to attach more importance to mere displacement of the uterus than I now do, I attempted their cure by the means that were in use for the removal of the displacement. The chief means employed was the use of the intra-uterine pessary, on the supposition that there was no disease of the womb: but the success of this by no means corresponded to my expectations. It was evident that there was more than mere displacement, and that recourse must be had to other means; and having discovered in some (not certainly in all) a preternatural degree of tenderness and induration at the point of flexion, I was led to the conclusion that the mischief lay there, and that the treatment should be directed to that part. Accordingly, instead of inserting the pessary, I introduced bougies of different sizes till the constriction that existed at the angle of the displaced womb was removed, and followed this up by applying the solid nitrate of silver to the congested or otherwise diseased surface. The result of this was good. The painful menstruation was often removed, always relieved, a more free menstrual discharge followed, the intra-uterine leucorrhœa was by successive applications cured, and the patient in due time became pregnant. To this, of course, was added such treatment of the general system as seemed to be required.

Of this class, the following may be regarded as a not uncommon specimen:—

Mrs. Z———, married three years, had before marriage been more or less out of health at the menstrual period, but after that event, had her uterine symptoms much aggravated. She had for the two years previous to consulting me been treated by leeching, counter-irritation, &c., but without effect. She had also, on one occasion, had a bougie introduced within the os uteri, but the pain caused was so exquisite that the lady fainted, and the operation

was not repeated. When she came under my care, I ascertained that there was very decided anteversion, great tenderness at the curve of the uterus—*i. e.*, at the part where it was anteverted on itself; and when I introduced a very small bougie for the purpose of examining the os internum, there was great tenderness and clearly some constriction. The leucorrhœal discharge was not very considerable, but it was *intra-uterine*, and irritated, and almost excoriated the vagina; and it was largest in quantity about midway between the menstrual periods.

It appeared to me that both the lady's illness and consequent sterility depended on the narrowness of the os internum, and probably also on the diseased state of the mucous membrane near it. There was no congestion either of the cervix or body of the womb, nor could I detect any other functional or organic derangement.

Having explained to the patient the nature of her case, and assured her that I could not undertake the treatment unless I was allowed to treat her by dilatation, to which, from her previous experience of the bougie, she had great objection, and having reduced considerably the tenderness of the diseased part by the inunction with belladonna ointment before introducing the bougie, I succeeded in dilating the os internum, and ultimately in applying the solid nitrate of silver. The effect of this was soon perceptible. She had much less painful menstruation, more of the discharge, and of a more natural character, and the examination of the affected part by the finger was much less painful. This was repeated from time to time for three months, when she left Edinburgh for her own home. About a year after, she returned, complaining that she was not yet cured, and proposed a consultation with another practitioner, who, after a careful digital examination, recommended incision of the os. To this she would not consent, and perhaps fortunately, for she was then nearly a month pregnant, and in due time was delivered of a very fine child, since which her health has been good, and her local symptoms have disappeared. I may add, that the last time she was in Edinburgh, —I mean at the time when she was a month pregnant,—the anteversion was as considerable as it had ever been; and except that she voided urine more frequently than natural, I am not aware that she suffered in any degree from the displacement.

This is a fair sample of a large number of cases, in which the treatment is neither severe nor protracted, and the result is very successful. The probability is, that the displacement and diseased condition of the mucous membrane have existed long before marriage, but have been aggravated by it. In such cases, so far as my experience goes, dilatation by bougies, and the application of the solid nitrate, effect a cure, are not liable to produce any dangerous or severe symptoms. In this respect the latter is much

preferable to an injection of the solution—not a few disastrous results having followed the escape of the injection into the peritoneal cavity.

II. Another class of cases occurs similar to that now reported, but without a displacement of the womb. (By this term I mean flexion of the womb on itself, of so decided a character, that turn or twist it how you may with the uterine bougie it always reverts to the same mal-position, which is certainly not the case with many of what are called dislocations of the womb.)

The essential nature of this class appears to me to consist in marked constriction of the os internum, with ulceration of the lining membrane above the constriction and this ulcer often accompanied with induration of its base, and of part of the neighboring tissue. Whether the constriction precedes the ulceration or the reverse I do not pretend to say; but I have no doubt that ulcer increases the constriction, and that the removal of the former is essential to the cure. For this purpose I invariably dilate the os externum and internum and the cavity of the cervix, and apply the solid nitrate of silver very freely to the ulcerated or diseased surface, and with the best results, by which I mean removal of the local and general symptoms complained of by the patient, and, in time, of the sterility—I say in time, for in most cases impregnation does not occur for some time after the apparent cure.

I may mention that this constricted and ulcerated state of the lower part of the uterus produces two effects, which are calculated to mislead, and do very often mislead, practitioners. It induces a hypertrophied condition of the body, and a considerable enlargement of the cavity of the uterus: and till I was satisfied of this by a (comparatively) frequent occurrence of such cases, I was inclined to regard, and did in reality often regard them as cases of hypertrophy, and so employed a treatment that not only failed of its anticipated effect, but weakened the patient, and greatly increased the local symptoms as well as reduced the general health. I am quite confident that no amount of depletion, either by leeches or scarification, and that no local application of ointment will remove the constriction and ulceration, though they may for a time relieve the congestion, heat, and irritation that generally accompany them, but which soon disappear without weakening treatment when their cause has been removed; and while I cannot help insisting that the repeated application of leeches in the treatment of uterine disease is very rarely necessary, I cannot help also declaring that I have known many cases in which the health of the patient has been seriously impaired, and life even compromised, by such treatment.

Any practitioner who has seen much of uterine disease may

verify what I have said in regard to ulceration *within the womb*, by what he observes through the speculum in those cases where the ulceration is on the vaginal portion of the os externum. A patient with anxious, weary expression of countenance, and complaining of the ordinary local and general symptoms of leucorrhœa from ulceration, comes to consult us. On examination, we find the expected ulceration or abrasion, and some congestion. We apply the solid nitrate from time to time till the ulcer cicatrizes. We do not deplete nor mercurialize—in short, we do not weaken the patient. She recovers her health, her anxious expression vanishes, and in course of no long time she becomes pregnant. This, which we do see, as occurring at the *os externum*, occurs still more frequently at the *os internum* where we cannot see it, and precisely the same treatment is applicable the to one as to the other, with this addition, that before we can apply the nitrate of silver in the latter case we must dilate, and with this difference, that while the former or external species of ulceration almost invariably occurs in those who have had one or more children, the latter or internal, almost as invariably is found in virgins and those who have had none.

The following is one of many illustrating this form of the disease :—

Mrs. A——— has been married for nine months, when she had what was supposed to be a miscarriage; but from the menstruation, though for several months very scanty, having never been entirely suspended, and from a minute examination of the os and cervix uteri, I was quite satisfied that she had never been pregnant. When she first consulted me, she believed herself again at about the end of the third month of pregnancy: and as I was unwilling to incur the charge of having induced abortion, I contented myself with making a superficial examination, and waiting till time should put it beyond question one way or the other. She had however been regularly, though very scantily, menstruating, and though after a time she increased in size, and her mammæ (not the areola) enlarged and she had morning sickness, and many other of the signs and symptoms of pregnancy, I was quite confident that she was not pregnant. Still she and her friends deprecated interference, and she went on until she reached the (supposed) seventh month. At this time I was desirous to begin the treatment that I thought likely to remove both the disease and the sterility, and requested the opinion of a professional friend, who agreed with me as to the non-pregnancy. I then examined with a bougie, and found marked constriction at the os internum, and very acute pain, produced by the passage of the bougie—pain described as being similar to that produced by the extrusion of a small clot of blood during the menstrual period.

The leucorrhœa was intra-uterine, and in considerable quantity about midway between the two periods.

The treatment (local) consisted in dilatation of the passage as far as the cavity of the body of the womb; and in affecting this, I remarked what is, I believe very common in such cases, that after passing the constriction at the internal os the bougie reaches a cavity of much larger dimensions than natural, in which it can be moved about with freedom, and yet containing no polypus or tumor, and with its walls slightly increased in thickness, as if the effort to expel the clots at the menstrual period through the narrow neck had given rise to this form of hypertrophy with dilation, as is seen in the case of the heart. The dilatation was followed by the application of the solid nitrate of silver to the diseased part, and this was repeated till all tenderness was gone. Complete relief from pain during the menstrual period was the consequence, and utimately the patient become pregnant. She has since her delivery (which took place at the full time) enjoyed perfect health.

It were easy to detail many such cases, but they are all more or less alike.

III. Another cause of sterility is a diseased state of the lining membrane of the cavity of the uterus, not necessarily (though not unfrequently) accompanied by the constricted and ulcerated state of the cervix referred to in the preceding section.

The chief symptoms of this is the persistent continuance of uterine leucorrhœa in very considerable quantity, attended by the usual weakness, discomfort, irritability, and despondency, observed in most affections of the womb. The patient feels better at, and immediately before and after, the menstrual period, but feels all her ills heavy on her in the intermediate time.

In these cases the whole or greater part of the lining membrane of the womb is diseased. It is quite possible that the seminal fluid may pass into the womb, so as to come in contact with the ovum (impregnated), when it reaches the womb does not find a healthy point of contact and that therefore it passes through and perishes. In short, there is frequent impregnation, and as frequent destruction of the ovum. The object in view, therefore, is to restore a healthy state of the mucous membrane, and thus at the same time remove the disease and the sterility. The process of treatment is similar to that for the previous class of cases, with this difference, that the cavity of the body of the womb requires to be cauterized. This should be done at the end of the first week after the menstrual period, and repeated once a month till a healthy state and action are induced.

It is possible that the treatment of this class of cases may be conducted on different principles with success; but to me the plan

mentioned seems the most simple, direct and successful, and it has this great recommendation, that it is quite as safe to apply the caustic to the inside as to the outside of the womb. I have said nothing of the general treatment; but though very important, there is nothing in it very different from what has been long and is every day pursued.

Mrs. M——— had been married for several years, and had enjoyed good health till her marriage. From that event she dated her complaints, all of which pointed to the uterine system. In this case the prominent symptoms was the uterine leucorrhœa between the menstrual periods, commencing a few days after the disappearance of the menstrual fluid, and continuing generally for ten days. She was comparatively well just before and after the menses, but when the white discharge appeared, she felt there was something wrong,—something that weakened and reduced her; and though she had undergone treatment of various kinds for it, the disease still persisted. On examination I could detect lateral displacement of the uterus, but no constriction. The body of the womb, however, was tender to the touch, and the bougie, when fully introduced, occasioned unusual pain. It appeared to me that the disease in this case lay in the cavity of the body; that the lining membrane was affected over a considerable surface; and that the treatment should consist in very free and repeated causticication of the whole mucous membrane. Having dilated the cervix with a sponge tent, I did so, and with a very gratifying result. The body of the womb became gradually less tender, the leucorrhœa discharge diminished, and lost its muco-purulent character; the vagina, which was tender from the acrid character of the discharge, became smooth and soft; the back lost its weakness; the general health became restored; and ultimately pregnancy supervened, with a favorable result.

In conclusion, I may add, that in connexion with this mode of treatment, there is a class of miscarriages in which this cauterization of the internal surface of the uterus is very successful—I mean, those in which an abortion has occurred between the second and third month, followed by general weakness, from which the patient does not recover, and the other uterine symptoms already detailed, and where a second pregnancy seems impossible. In these cases, examination with the uterine bougie generally communicates the feeling of its coming in contact with a rough, somewhat hard, uneven surface.—*London Lancet.*

Foreign Correspondence of the N. H. Journal of Medicine.

BERLIN, August 1, 1855.

MESSRS. EDITORS:—If there is any one thing of which the medical centres of Europe can boast preeminently, it is the means

afforded for acquiring a knowledge of the sciences, which though not necessarily embraced in a medical course, ought at least to receive some attention from the student of our profession. There is no point in which our physicians are so remiss as this. It is rare that you find a medical man of any claims in Germany and indeed in Europe, who is not able to become the arbiter upon any ordinary scientific question which may arise in the course of his practice, and his intimate acquaintance with Latin, French and very often English, enables him to command the whole medical literature of the continent, and to learn of every new scientific discovery at the earliest day. You will find him also able to analyze the water of a well, or a farmers soil, to give evidence at an inquest upon toxicological points, to test the purity of drugs, and to take advantage of the medical botany of his country. I am sure that such qualifications are seldom found in America, and that the medical profession does not stand so high in public estimation in consequence. Were they professed by all, quackery would no more flourish there than here, and this country is certainly free enough from it. Here the profession is esteemed by all; the government is peculiarly favorable to it because it never meddles with politics, and the people are satified to leave their health to the care of men so learned in their profession and so assiduous in their studies.

When the term of student life with us is lengthened and the requirements for graduating doubled, our physicians will, as a mass, hold the same place in the community, and the necessity of studying in Europe be not so great as now. With the exception of the chair of comparative anatomy at Charleston, S. C., the Hersey Professorship at Cambridge, the Chandler, Lawrence and a few other scientific schools, I know of but few means, open to an American physician desiring to embellish his mind by a study of the collateral sciences.

I did not mean to preface this letter at such length, but the readers of the Journal will, I know, excuse an allusion to this important subject.

Among the collateral means of study here, the anatomical museum is first. It is in the university building, originally a palace. Though without a descriptive catalogue, its excellent arrangement makes up for this deficiency in great part. It is not so rich as the English Hunterian museum, yet one of the first in Europe. The specimens illustrating comparative Anatomy are very numerous, and the gigantic monsters of preadmite earth which fill one hall are among the most perfect yet discovered. A laboratory is attached to this department and lectures of Professors Remak, Peters, Ehrenberg and Muller and others, give the student a comprehensive view of the whole. The subject of human

anatomy is also excellently represented; many of the injections being unusually fine. Some of the pathological specimens also are very valuable, those of hypetrophy and dropsies especially. I am almost tempted to mention a few of the best, but they must be seen to gain an idea of them. There is one skull which I remember as an example, more than a foot in diameter. It is that of a person who died of hydrocephalus. The surgical gallery is small but capitally arranged. There are divisions for disease of the bones and of joints, for fractures, luxations, clubbed-foot and hand, hernia, diseases of the sensitive organs, and cutaneous affections. The gem of this department is the collection of colored casts of syphilis. Every phase of this Protean disease is represented accurately. But what strikes the visitor to this collection particularly, is the vast number of monstrosities and lusus naturæ here collected. Here are double headed fœtusses, breasts joined like the Siamese twins, skeletons seven feet high, dwarfs, animals with three or four surplus legs, some with limbs growing upwards from the spinal column, birds with two heads and others having hoofs, others being a combination of bird and animal in the oddest proportions. It is an envious assemblage, though not without value, especially to the study of theoretical embriology. If any of our readers have seen Tenier's painting called the Temptation of St. Antony or a copy and have never visited this part of the Berlin Anatomical Museum, they can imagine the droll and whimsical specimens here contained.

The Natural History Museum is no less interesting. It comprises the Zoological collections at the University and in their Garden, the Royal Menagerie, the collection of minerals with the rich stones collected by Alexander Von Humboldt in Asia and South America, and the Botanical Garden. This last, with its thousands of exotics from all points of the earth, and its trees growing to the height of forty or fifty feet so far away from their natural soil, is rich indeed. Since the return of Mr. Lichtenstein, who was sent by the Prussian government, at the early part of this century, to reside in Southern Africa, and who brought back with him a vast collection of specimens pertaining to mineralogy, botany and zoology, the Berlin cabinets have no superior in Europe except the Jardines Plantes at Paris

The Medical department of the Royal and University Libraries here, are of great importance to the student. English books, however, are scarce, compared with those of other nations and the progress of the science is not shown in procuring the standards as they are published. The reading room has all of the European, and many American Medical publications, but is surrounded with so many restrictions as to be difficult of access. Private Medical reading rooms, however, give the student ample facilities in this

respect. Those of your readers who may have heard the lectures of the late Professor of Obstetrics in the Boston school, since his European tour, will remember his allusion to the curious relics of our profession in the Cabinets here. I have found a few in the collection of metallic wares from the buried cities of Italy. Here are probes, directors with scoops, spatulas, lancets, scalpels, a a packed medicine case with little brass boxes instead of bottles, and forceps like the English polypus forceps, but whose object can hardly be guessed. The sharp teeth upon the blades show the instrument to have had a very powerful grasp, whatever its use. In the Egyptian Museum also, there is a medicine chest filled with alabaster vials, supposed to have belonged to a monarch. Besides this, the embalmed specimens of men and of sacred animals, a human monster without brains or spine embalmed, the brass hooks and knives of sharpened flint, by which the brains of the dead were extracted through the nostrils, are all curious to the student of our profession.

The facilities for dissection in Berlin are good. In the winter season the students pay particular attention to that study. Subjects though by no means so cheap as in Prague and some other places, can usually be obtained for about three dollars a piece. The government of Prussia is neither very favorable nor unfavorable to this study, and the chief obstacle which the student encounters, is the existence of benevolent societies whose funds are appropriated to procure a burial for friendless persons who die in the hospitals.

I find one feature in the relations of our profession and the government here, which is very superior. The inquests are all under the charge of medical men, and not in the hands of coroners, ignorant, as ours often are, and perfectly incapable of conducting an autopsy, or determining correctly the causes of death.

Besides the medical department of the Royal University, there is the military surgical school here, similar to the Imperial school in Vienna, the Military College of Dublin, and those in France. The young men who propose to join the medical staff of the army, and who pledge themselves to act as military surgeons for at least seven years, are here educated free, and have their ordinary expenses paid by government. As a class, these men are by no means brilliant students, and the effect of this gratutious instruction is much the same as in providing scolarships in literary institutions. In all the hospitals, however, through the country, the posts of house physicians are assistants and occupied by members of the military staff, who are detailed round to these places in turn. Thus the whole body is kept practically acquainted with surgical diseases, and ready to change their places for active service in the army, whenever an emergency demands.

It is singular that the cost of medicines, medical books, and instruments in this country is not two thirds as much as with us, and the fees for Medical attendance and surgery bear the same relation to ours. A medical man rarely becomes rich here; unless he receives the patronage of noble families, or accomplishes some signal cures, a thousand dollars a year is a handsome income. The fee for ordinary professional visits is never more than fifty cents, even in the cities, except for the first visit which is seventy five, and for a night call which is double the usual price. The fee for consultation never exceeds two dollars, that for an ordinary midwifery case is from one and a half to four dollars, and never above seven.

The fees for surgical operations are as moderate. For cataract *never* above twelve dollars, extirpation of the eye the same, tracheotomy nine dollars, lithotomy thirty-five, amputation of thigh or humerus twelve, the reduction of dislocations four, the cæsarean section fifteen, for embryotomy seven, and for excision of the mamma twelve. These are the highest prices allowed; they are ordinarily about two-thirds, or one half as much. The fees are all established by law, as indeed is every thing connected with the profession. The term of study is fixed, and the qualifications for graduating. After graduating, a legal approval is necessary before one can practice, and this involves an examination; as often as he changes his location, the hygiene of the country is attended to and enactments made upon this subject; the studies and practice of apothecaries are regulated and under legal inspection. In fine, every thing which with us falls to the duty of local societies to establish and local authorities to recommend is here regulated by general laws which are the same in city or country, all over the kingdom. Our legal profession is certainly not more under law, and yet the medical man is much better off for these restrictions. All his claims are limited to his own abilities as a well read physician. He has no fear of brethren going astray and practising irregular systems, and he can always retain the confidence of the community which knows that it is free from quacks or imposters. Among rich families, in the towns and cities, it is a very common thing to have the family physician call a moment twice a week to inquire after their health and to anticipate any disease. At the end of the year, they receive presents for this service, besides the regular fees for professional visits. It is an excellent custom, and serves to bind stronger and stronger the mutual friendship and confidence of physician and patient. In Prussia there is a minister of Religion, Education and Medical affairs. The central medical Bureau has a Director and five Judges. These are among the most eminent of our profession in the country. There is also a deputation from the medical body having a director

and ten members. Besides this, each Province has its local court with its Judges, its Pharmaceutical Assessor, its Veterinary Assessor and other attaches. It is, in all, a splendid system and worthy of being followed in every country.

I found one custom of the middle ages, still existing here, which I had not expected. The barbers are yet to a certain degree barber surgeons. They are still called in to bleed a patient, to apply a leach or put on a cupping glass. I do not know but that they perform these offices well enough, but the mere idea of a physician leaving his patient to be bled a certain amount and taking no means to watch the effect of this abstraction, is ridiculous. The custom of connecting the surgical and shaving profession is not alone confined to Prussia. So late as the early part of this century, I forget the year, several English surgeons who had enlisted in the Swedish navy were dismissed from the service for refusing to *shave the crews*. You see nothing however of the striped pole here to indicate the white bandage and bloody wound as in England and with us. The symbol here is simply an oval plate of brass, a primitive shaving dish I imagine from its looks.

I find I shall hardly have room in this letter to speak of the diseases of the climate and a few other topics. I must leave these to another time. I trust that the remarks which I have made in regard to the condition of our profession here in Germany and the advantages for studying the collateral sciences, will have a value and interest to the readers of the Journal.

N. E. GAGE.

Effects of Position in the Treatment of certain Gastric and Enteric affections. By Dr. COALE.

At a meeting of the "Boston Society for Medical Improvement," Dr. Coale remarked "that the late freqency of cholera morbus and other similar affections, had given him an opportunity of testing, to a considerable extent, the efficacy of a certain practice of his, based upon observation made some time since, but which he felt wanted confirmation before suggesting it generally. He is convinced, from actual experiment, that persons affected with irritability of the stomach are much less liable to vomit if they lie on the right side than when they recline in any other position—particularly on the left side. The explanation is evident. While lying on the righ side, any contraction of the stomach need not much affect its solid contents; but, when lying on the left side, the contents are in the neighborhood of the cardiac orifice, and any contraction of the organ will force them more or less through

this opening into the œsophagus; thus, the difference between the two cases will be a simple eructation in the first, and vomiting in the second. This, Dr. C. has now tested in very many cases; and by many experiments in some of them, varying the position to the increase or diminution of the nausea and vomiting. It may be urged in objection to the explanation, that a contraction of the stomach that would force the contents through the cardiac orifice, would produce vomiting at any rate. But the difference is this: the same amount of contraction which, when the patient lies on the right side, throws off gas merely, when he is on the other may force a small portion of solid or fluid matter into the œsophagus, when reflex action is at once excited and the whole stomach stimulated into action.

"In treatment of cases of flatulence, and of what is commonly called 'cramp colic,' Dr. C. has found reclining on the right side beneficial. It lessens the vomiting—as first said—a frequent attendant in these cases; but, besides this, it gives a more ready escape to gas contained in the transverse colon. For example, suppose the trouble is a spasm, confining gas in the transverse or ascending colon, were the patient on the left side, and a relaxation of the spasm to occur, the gas is still kept behind the affected spot, for the distended intestine is not liable to take upon itself sufficient action to expel it. But, if the patient be on the right side, the gas then ascends and passes on to an unaffected part of the intestine, by which its escape is facilitated."—*American Quarterly Journal of Medical Science.*

On the Treatment of Inflamed Breasts of Nurses. By M. Reitzenbeck, of Prague.

The method here recommended is so simple, that no one need hesitate to adopt it, provided he is called in before the mischief has reached a certain degree of development.

It is well known that engorgements of the mammary glands are frequently caused by chapped nipple. The inflammation of the skin extends directly into the ducts, exudations take place by which some of these ducts are plugged up, the milk is pent in, and hence the engorgement. If now, in such a case, the breast be surrounded with the hands, and pressure made in the direction of the nipple, a thin, transparent, whitish vesicle, is caused, by the milk accumulating behind the closed orifices of the ducts. It is necessary then, to do this, and having done it, the next thing is to prick the vesicle with a needle, to remove any epithelial scales which may be present, and to apply the infant. If time has not been lost unnecessarily, the relief is most immediate, and pain and tumefaction

disappear in a few minutes; but even when it is otherwise the relief is very marked, and by repeating the process a few times, the sufferer is relieved altogether.—*Gaz. Medicale de Paris*, and *Ibid.*

BOOK NOTICES.

Diseases of the Rectum. By W. Bodenhamer, M. D., Second Edition Illustrated by plates, and exemplified by numerous cases: New York Published for the author, by J. S. Redfield, 1855.

We have received from D. B. Cook & Co., the above work, which is especially addressed to the non-medical reader.

The author professes to have cured upwards of seven hundred cases of fistula in ano during the last seventeen years without either the knife, the actual, or the potential cautery. We will not pretend to controvert the Doctor's statement. But if true we think his first duty should have been to publish to the profession of which he claims to be an honorable member, the principles on which his treatment is based, and the mode by which it is conducted to such a happy termination.

Among the causes of rectal disease the author mentions excessive purgation and tight lacing. The dangers from irregular habits so far as defecation is concerned, are dwelt on to some extent. The author justly remarks that "we are creatures of habit," and that there are many persons who, by their continued applications to the temple of Cloacina for relief in this respect, have finally obtained it permanently. In addition to this as a means of overcoming constipation cold water enemata are strongly recommended together with exercise, a regulation of the diet and early rising.

About forty pages are devoted to the subject of hæmorrhoids. The whole work may conveniently be divided into two portions, one of which contains much useful and interesting matter that should be known to the public, the other is made up of letters from private individuals, and newspaper puffs, *a la* the medical almanacs and humbug pamphlets of the day.

The writer intimates that he treats complete anal fistula always

by the ligature peculiarly applied. The details of his method, however, are not given, but are promised in a forthcoming work on these affections designed for the profession. J.

A Manual of Clinical Medicine and Physical Diagnosis. By T. H. TANNER, M. D., Licentiate of the Royal College of Physicians, &c., &c., to which is added the code of ethics of the American Medical Association; Philadelphia: Blanchard & Lea, 1855.

THIS little book is crowded to its utmost capacity with useful matter. Its object will be gathered from the preface.

"The following pages have been written with the intention of removing some of the difficulties which the student always—and the practitioner frequently—must encounter, while studying disease in its Protean forms at the bedside. Remembering my own impressions of bewilderment on beginning to "walk the hospital," I have honestly endeavored to simplify the task for others; and should this treatise be the means of doing so, I shall feel greatly rewarded for my exertions."

The work is especially designed for those just commencing practice, suggesting facts and principles already familiar, and thus aiding the memory.

We are glad to find that the publishers have bound with it the code of ethics of the American Medical Association.

J.

A Manual of Pathological Anatomy. By CARL ROKITANSKY, M. D., Curator of the Imperial Pathological Museum, and Professor at the University of Vienna, &c., &c. Volumes 1, 2, 3, & 4. Philadelphia: Blanchard & Lea, 1855.

THIS translation of Professor Rokitansky's celebrated work appeared under the auspices of the Sydenham Society. This fact of itself is a sufficient guaranty of the ability with which the task has been performed. The labor of the translation has been performed by four gentlemen, each well qualified for the work.

From the editor's preface to the first volume we extract the following notice of the author:

"Charles Rokitansky, the founder of the German [it should rather have been called Austrian] medico-anatomical school, was

born at Koinigsgraetz, in Bohemia, was educated at the Gymnasium of Leitneritz, and graduated, at Vienna, in 1828. Shortly afterwards he was appoined Assistant in the pathologico-anatomical department of the University, and, in 1834, Professor of Pathological Anatomy. At the same time he was instituted Prosector at the General [united Civil and Military] Hospital at Vienna, and also sole medico-legal Anatomist for the examination of all doubtful cases of death throughout that metropolis.

The immense fund of materials thus placed at his disposal [the number of corpses dissected by him is summed up at 30,000] was almost entirely reserved for the elaboration of that grand work on pathological anatomy, which in the consciousness of having thoroughly mastered the subject, he gave to the world between the years 1842 and 1846; which has passed, *unaltered*, through three reimpressions; and which, under the auspices of the Sydenham Society, has been translated into the English language."

"In 1847, Rokitansky was appointed Dean of the Medical Faculty, and, in 1850, Rector of the University, of Vienna."

We cannot do justice to the author in the space and time allotted us for a book notice, but we wish to call attention to one or two points. In reference to cancer he says:

"The crasis which gives rise to the production of cancer, consists mainly in a preponderance of albumen, a defibrination (hypinosis), for the particulars of which we must refer to the doctrine of crasis. Concurrently with this we have, more especially in the medullary crasis, an excess of fat in the circulating fluid, which determinates a complication of cancer to be discussed in a more appropriate place; and, again, that remarkable relation of exclusiveness towards ordinary, fibrinous tubercle.

This crasis is essentially the same for all cancers, only exquisitely developed in the medullary form. This may be inferred, at least, from the frequent concurrence of various cancers species, in primative or consecutive combination, either in the same locality, or in different organs. It may also be inferred from the circumstances that, after extirpation, the one is replaced by the other under the same contingencies, and that, conforming with an augmentation of the crasis, the medullary cancer is generally the consecutive one, more especially where the substitution takes place rapidly.

The highest grades of cancer-crasis originate through infection, that is, through the reception into the lymphatics, or more especially into the bloodvessels, of cancer-cells, or of cancer-blastema, of a lax, soft, semi-fluid character. The blastema is carried thither by imbibition, partly in the mere act of nutrition, partly, with or without the cancer-cells, through the lymphatics of veins

laid open by ulceration of the tumor, or lastly, by the cancer penetrating into the canals of bloodvessels. Injection thus brought about, occasions locally, or it may be remotely, both in large bloodvessels and in the capillaries, coagulations of blood. In the former case, these are cylindrical, branched, plug-like, or clavate coagula, adhearing to the internal bloodvessel membrane, or to the endocardium (vegetations). They reveal their cancerous nature by their external medullary characters, as well as by their vigorous growth. In the capillaries the coagulations assumes the form of the cancerous depot—so called metastasis (capillary phlebitis).

Cancer-formation assumes both the chronic and an acute course, the former being the more ordinary mode of occurrence for primitive cancer; whilst secondary cancer production is brought about with more and more rapidity in proportion as the cancers multiply. Ulceration and extripation of carcinoma are especially apt to determine its very acute secondary formation. Still there are instances of highly acute, primitive, general cancer production. Moreover, the individual species of cancer manifest marked differences in this respect, both the first development and the ulterior growth, for example, of fibrous cancer, being slow, whilst in the case of medullary cancer they are incomparably more rapid.

In primative cancers, the blastema is, in the great majority, insensibly produced. In acute cancer-formation it is thrown out under the symptoms of hyperæmia, and occasionally of inflammation. In the latter case, it often covers serious membranes with a stratiform cancer exudate, or infiltrates and hepatizes the lungs with cancerous tubercles. From what has been said, our opinion may be inferred respecting the seat of cancer, in opposition to that of Carswell and Cruvelhier, who refer its origin to the capillary system. But though in the ordinary process of cancer-formation we look upon the blastema as an exudate in its broadest sense, we by no means question the origin of cancer from coagulation within the bloodvessels after the type of depot-formation in general (see Metastasis). It is indeed to this mode of development that we would ascribe the rapid cancer-formation engendered, in brutes, by the injection of cancer-blastema.

We are further disposed—although from insolated facts only—to believe in cancer-formation, through a conversion of certain physiological elements into those of cancer. In the liver, namely, we occasionally light upon a process, limited to circumscribed patches, of pallescence and alteration of the parenchyma, with some augmentation of its volume. Upon further examination, the portion of liver so affected is found to consist indubitably of hepatic cells, more or less bereft of their biliary and coloring matter, and of an intermediate, whitish, albuminous blestema,—though the

hepatic cell had become seemingly transformed into the cell of medullary carcinoma.

It will be seen from the above extract that the author believes in the essential unity of cancers of different varieties, the differences being mainly in the intensity and rapidity with which the producing causes act. The belief is also expressed that certain physiological elements may be converted into cancerous elements. This is not in accordance with the generally received doctrines on this subject. The microscopic elements of medullary carcinoma are thus described :—

(*a.*) Consisting of granulated cells with a more or less distinct nucleus, and resembling pus-globules.

(*b.*) Consisting of smaller and greater, granulated, round, or angular, protuberant cells, more or less resembling the cells of tessellated epithelium, the hepatic cells, the ganglion globules, and provided with one or several nuclei.

(*c.*) Consisting of spindle-shaped and caudate, nucleated cells, fibre-cells, amongst which are many others, both spherical and oval.

(*d.*) Consisting of elliptical corpuscles of 1-100 to 1-50 of a millimetre in circumference, and furnished with one or two nucleoli. They have the significance of a (heteroplastic) transcendent development of cell nuclei.

(*e.*) Consisting of spherical or oval corpuscles corresponding in size and tendency with the cell nucleus.

(*f.*) Consisting of elementary granules down to the finest molecule-mass, with scanty nucleus formations in progress of development.

(*g.*) A further element concurrent with those specified at *b*, are pouch-like formations (see Metamorphosis of Blastema), and chiefly the parent-cell, which often constitutes a prominent element in medullary cancers. It forms here again the groundwork for the alveolar textural type of medullary cancer.

These elements occur predominantly, it may be, in the one or the other form, but intermingled with others. Viewed with the naked eye, the elementary composition of a texure is, even to the well initiated, a matter rather of conjecture than of any certainty. The consistency and density of a texture may vary infinitely, being dependent upon the character of the intercellular substance. It is only where there is the appearance of fibrillation that we may perhaps infer a composition of spindle-shaped or caudate cells.

Differences more important affect the character of the intercellular substance, and of a stroma in which the elements adverted to lie imbedded. This stroma in which the elements themselves,

which according to the laws of the cell theory, form into a fibrous skeleton work; or else it springs immediately out of a consolidated, amorphous, intercellular substance. Both together occasion, in medullary carcinoma, a special structure manifest to the naked eye, in the shape of a variously disposed fibrillation and lobulation, &c., the character of which so greatly modifies the consistency of the heterologous growth.

In this regard, we have the following forms, some more or less cognizable with the naked eye.

(*a.*) A medullary carcinoma, with an amorphous fluid, or semi-fluid, intercellular substance. The aforesaid elements vegetate in a thin or a thickish medullary juice. It is represented in the very lax, milky or cream-like *encephaloid* cancer.

(*b.*) A medullary carcinoma, with a solidified, amorphous, or else striated, indefinitely fibrous, intercellular substance, interspersed with roundish and fibro-elongated nuclei.

(*c.*) Medullary carcinoma, with a stroma consisting of fibre-cells (spindle-shaped, caudate) arising out of the developement of the elements of the medullary substance itself, with consumption of the intercellular substance, and condensation of the heterologous growth.

(*d.*) Medullary cancer with a delicate hyaline, structureless, or else an opaque, striated, membranous stroma, studded with elementary granules and nucleus formations, or fibrillated like areolar tissue; which stroma, at the same time, forms the groundwork for the vascularization of the alien growth. Its interspaces are filled with a loose, fluid medullary matter, and it is easily thrown into relief if the tumor be scraped, pressed, or simply steeped in water. In villous cancer this stroma appears developed into a main constitutent.

(*e.*) Medullary carcinoma with a more or less developed fibrous stroma, whose fibre-elements, upspringing from a solidified blastema, now resemble fibre-cellular tissue, now organic muscle-fibre. It represents either a scaffold-work or a stellate structure, the gaps being filled up with embryonic elements. Even with the naked eye it is discernible as denser striæ, disposed as aforesaid, and remarkable for their whiteness and their tendon-like lustre. This stroma has frequently the significance of fibrous cancer blended with medullary. It is, however, often enough an innocent fibroid growth, which may very possibly become the seat of so-called ossification (bony concretion). Hence the extraordinary phenomenon of medullary cancer becoming traversed by a concrete skeleton-work, in the midst even of soft parts.

The author speaks of the cure of cancer, "by the progressive destruction, necrosis and partial rejection of the tumor, or else by

its more rapid death and expulsion, a circumscribing supuration isolating it from the healthy textures."

"Saponification" and "decadency" or "wasting of the tumor" are enumerated as terminations of the disease.

The author commences the chapter on blood disease by remarking that "humeral pathology is simply a requirement of common practical sense."

The anomalies of blastema constitute a favorite theme with Prof. R., and upon them he bases the doctrine of new formations both malignant and non malignant, exudations and outgrowths of whatever kind, are all referred to some peculiar crasis or special constitution of the blood. The pathological anatomist, however, can accomplish only half of the work of detecting these different crasis. To the chemical Pathologist we are under quite as strong obligations.

The second volume is translated by Dr. Edward Sieveking, whose labors in pathological anatomy are already familiar to the profession.

We have only room for a single quotation on the pathology of "Bright's disease."

We consider the nature of Bright's disease to consist in an inflammatory process, which proceeds from a stage of hyperæmia to one of stasis, and then gives rise to a product, which is not only remarkable by its peculiar character, but which, in well-marked cases, by its excessive accumulation, causes a singlar alteration in the appearance and structure of the kidney. It commonly runs, as we have already stated, a chronic course, with occasional exacerbations, but it is sometimes acute. In the latter very important case, in which, from the tumultuous violence of the exudation, the product is mixed with a large amout of serum, and is generally reddened by the coloring matter of the blood, and in which the characteristic milky or creamy or coagulated substance of well-marked Bright's disease is not formed, we should be obliged to consider the condition as one of very acute simple inflammation of the kidneys, were it not that the characteristic general symptoms and the constitution of the urine established it as a case of Bright's disease.

The whitish or ashy, milky or creamy product, which may resemble albumen in its degrees of coagulation, and consists of solitary and accumulated molecules, or of a more or less globular fibrinous coagula and pus-corpuscles (Gluge), is an albumino-

fibrinous substance, with a predominance of albumen; the amount in which it occurs is proportioned to the amount of granular degeneration.

The product may, as in simple inflammation, be deposited at every point of the renal parenchyma external to the vessels, but we find it more particularly in the Malpighian bodies (glands), and subsequently in the urinary tubuli; the granulations of Bright's disease are therefore in reality the Malpighian corpuscles charged with the above-named substance. The more the latter accumulates, the more it interferes with the circulation, hence the peculiar pallor or anæmic condition of the organ.

The cause of peculiar character of the product is the more obscure, since the question is generally evaded. As the amount of reaction that takes place in the renal tissue does not suffice to explain it, we are led to seek the cause in an anomalous constitution of the blood, consisting in an excess of albumen, which may originate in a decomposition of the fibrine. This becomes the more probable, when we consider that the most frequent exciting cause (cold) appears peculiarly adapted to give rise rather to a change in the blood, than to a disease to the kidneys, and that the infiltration of the kidney, which we have examined as the eight form, is evidently developed as a sequel of the cachexiæ which we shall shortly investigate, and in complication with similar affections of other organs (liver, spleen). Although we might offer numerous observations on this connection, the real cause of the development of the renal disease from the crasis of the blood, which often takes place with such extreme rapidity, is to us an enigma. We look upon the anomolous condition of the blood in Bright's disease as the primary affection, which, from a peculiar relation to the kidneys, is followed by the secondary and visible disorganization of the renal tissue; this need not however always ensue; at all events t des not follow as rapidly as the structural disease of the kidney consequent upon the vegetative disturbance that causes diabates mellitus. By this means we explain how it happens that the two kidneys are generally attacked at the same time or at brief intervals. Graves is of opinion that the change of texture is induced by free acids of the urine (phosphoric and nitric acids) coagulating the albumen as it passes into the urinary tubuli.

The author seems to regard the albumen as pathognomonic of the disease, for he speaks of the liability to mistake the disease for very acute simple inflammation, were it not for the characteristic general symptoms and the constitution of the urine. He also speaks of the tendency to Bright's disease after scarlatina, and the cure by resolution.

We have not time to follow the author further—at some future day we may refer to the second and third volumes.

The reputation of the author and the auspices under which it appears, renders it unnecessary for us to say one word in commendation of the work.

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EDITORIAL.

Notice.—We again repeat the request, that all letters and correspondence in relation to subscriptions or other business of the *Journal* should be addressed *exclusively* to "N. S. Davis, Chicago, Ill." This same direction was given the commencement of the present volume, and repeated in the *Journal* several times since, and yet we find some subscribers addressing the former Publishers, and afterwards complaining that their letters or remittances are not acknowledged. We hope this notice will be sufficient to correct the evil.

Dr. Geo. Coatsworth.—The first article in the Original department of the October number of this *Journal* appeared without the name of the author. It should have been credited to Dr. Geo. Coatsworth, whose brief residence in this city was sufficient to make for him many friends both in and out of the Profession.

Yellow Fever at Norfolk, Va.—We clip the following ni relation to those members of the profession who went to the aid of the suffering people of Norfolk, during the recent fatal epidemic from the *Daily Tribune*, of this city. It is no more than a just acknowledgement of the patriotism and philanthrophy of our profession:

HEROISM AT NORFOLK, VA.

Many a man who would plant a flag on a bastion, regardless of the winged messengers of death which fly thick and fast around

him, dare not face it when it comes in the form of a pestilence. Yet they who brave disease, when the very air is full of poison, and contagion sweeps it from house to house, are the heroes of the day. None may compare with them! Not they, certainly, whose hands are red with blood of the battle-field, or who wear a crown wet with it.

The Southern *Argus*, a Norfolk journal, after a suspension of thirty-nine days, re-appears, and gives, in its first issue, a picture of the "doom and devastation of the plague." It raged for near three months. During this period, in an average population of six thousand, with few exceptions, every man, woman and child, was "striken with the fall fever," and about two thousand have been buried—"being not less than two out of three of the whites, and one out of three of the whole abiding community of Norfolk, white and black." Where else, or when before, has the pestilence smitten any community with a harsher doom? It is terrible to think on it.

Mr. Whitehead, acting Mayor, writes to the physicians who met the pestilence and did their duty, as follows:

"Had we not received material aid from abroad—had not the different portions of our country sent their heroic delegations of physicians, nurses and stalwart co-laborers—had not noble spirits volunteered to the rescue, (to die if need be, like Curtius, for Rome), our people must have sunk beneath the burthen of their agony. There was a period (about the first of September) when the evil seemed greater than we could bear. Corpses lay unburied—the sick unvisited—the dying unanealed. Our surviving physicians were either sickening or becoming exhausted, and our remaining population was panic-struck at the sight of accumulating horrors and duties. You who came to our relief were astounded at the unrealized state of things which you found here—an evil, the like of which you had never before witnessed. But nerving yourselves to the task, and telegraphing for reserves, you went resolutely forward with your science and its accompaniment, carrying aid where it was most needed, and infusing vigor into may hearts that would otherwise have soon ceased their painful throbbing."

The names of these physicians, the dead and the living, should be as household words—for they are heroes of whom the world should be proud. No nobler list of good men can any country's record present.

We give first the names of those who escaped the pestilence:

Dr. W. Stone, New Orleans, Aug. 16, 1855; Dr. Thos. Penniston, New Orleans, Aug. 17; Dr. Wm. H. Freeman, Philadelphia, Aug. —;

Rev. T. G. Keen, Petersburgh, Aug. 20; Dr. De Castro, Cuba, Aug 21; Dr. John F. Carter, Richmond, Aug. 23; Dr. John Morris, Baltimore, Aug. 24; Capt. Nathan Thompson, Philadelphia, Aug. 24; Dr, A A Zeiglfuss, Philadelphia, Aug. 25; Dr. Jas. Mc'Fadden, Philadelphia, Aug. 26; Dr. Randall, Philadelphia, Aug. 25; Dr. J. T. Hargrove, Richmond, Aug. 25; Dr. E. D. Fenner, New Orleans, Aug. 25; Dr. C Beard, New Orleans, Aug. 25; Dr. E J. Worl, Philadelphia, Aug. 25, Dr. St J. Ravsnel, S. C. Aug. 27; J. N. Crow, Richmond, Aug. 28; Dr. A. B. Williams, S. C. Aug. 28; Dr. Covert, S. C. Aug. 28; Dr. Rich, S. C. Aug. 28; Dr. J. Hitt, Georgia, Aug. 20; Dr. W. H. Hugar, S. C. Aug. 29; Dr. T. C. Skrine, S. C. Aug. 29; Dr. F. M. Garret, N. C. Aug. 26; A. M. Loryear, S. C. Aug. 29; A. R. Taber, S. C. Aug. 29; Dr. Bignon, Georgia. Aug. 29; Dr. Donaldson, Georgia, Aug. 29; A. J. Gibbs, Philadelphia, Aug. 30; Dr. Marsh, Philadelphia, Aug. 30; Dr. E. C. Steele, S. C. Aug. 20; W. Porcher Miles, S. C. Aug. 30; Dr. Campbell, New Orleans, Aug. 30; D. I. Ricardo, New Orleans, Aug. 30; Dr. J. B. Read, Georgia, Aug. 30; Dr. Godfrey, Georgia, Aug. 30; Dr. Skinner, Georgia, Aug. 30; Dr. Charson, Georgia, Aug. 30; Dr. Mc Farland, Georgia, Aug. 30; Dr. Nunn, Georgia, Aug. 30; Capt. Thos. J. Ivy, New Orleans, Aug. 30; E. E. Jackson, S. C. Aug. 30; Dr. Williams, D. C. Aug. 31; Dr. G. S West, N. Y. Aug. 31; Dr. J. B. Holmes, S. C. Aug. 31; Judge Olin, Georgia, Sept. 1; John Tallaferro, Georgia, Sept. 1; Dr. Freer, N. Y. Sept. 1; Franklin H. Clark, New Orleans, Sept. 5; Dr. Robinson, N. Y. Sept. 3; Dr. R. M. Miller, Mobile, Sept. 3; Wm. Ballantyne, Mobile, Sept. 3; W. B. Thompson. Georgia, Sept. 6; Dr. Baker, Key West, Sept. 7; W. T. Waithall, Mobile, Sept. 7; Dr. Flournoy, Arkansas, Sept. 8; Dr R. R. McKay, Georgia Sept. 9; Dr. A. B. Campbell, Philadelphia, Sept. 9; Dr, Wilson, Cuba, September 11; William C. Miller, Mobile, September 12; William N. Ghiselin, New Orleans, September 12; Mr. Rucker, Montgomery, Ala. Sept. 13; Mr. Clows Montgomery, Ala. Sept. 13; Dr. Fredricks, N. Y. Sept. 14. Dr. John Vaughan, London, Sept. 17; Dr. McFarlane, N. Orleans, Sept. 18; A. H. Jennet, Mobile, Sept. 18.

Those who fell—the blessed martyrs—are :

Dr. Leon Gilbert, dead, Richmond, Aug. 22; Dr. P. C. Gooch, dead, Richmond, Aug. 22; Dr. Walter, dead, Baltimore, Aug. 23; Dr. Robert Thompson, dead, Baltimore, Aug. 24; Dr. T. H. Craycroft, dead Philadelphia, Aug. 24; Dr. Fliess, dead, Baltimore, Aug. 24; Dr. T. Booth. dead Baltimore, Aug. 25; Dr. Howe, dead, Baltimore, Aug. 25; Dr. Howle, dead, Richmond, Aug. 25; Dr. T. P. McDowell, dead, Richmond, Aug. 25; Dr. T. Mierson, dead, Philadelphia, Aug. 26; Dr. Richard Blow, dead, Sussex, Vt. Aug. 28; Dr. Thomas, W. Handy, dead, Philadelphia, Aug. 26; Dr. C. A. Smith, Pa. Aug. 30; Dr. Jackson, dead, D. C. Aug. 31; Dr. Dabereshe, dead, D. C. Aug. 31; Dr. Schell, dead, N. Y. Aug. 31; Dr. Obermuller, dead, Ga. Sept. 5; Dr. R. B. Berry, dead, Tennessee, Sept. 8; Dr. Dillard, dead, Montgomery, Ala. Sept. 13; Dr. Capry, dead, N. Y. Sept. 14.

The Medical Department of the University of Michigan and the Peninsular Journal, again.—Naturalists tell us that there is a species of fish, which possesses the faculty, when pursued by an enemy, of ejecting a considerable quantity of a black fluid for the purpose of coloring the water and thereby hiding itself from its pursuer.

There is a class of writers who always remind us of this fish. If they engage in controversy, instead of proceeding directly to a discussion of the question involved, they are continually endeavoring to render the *waters* turbid; in other words, constantly hideing themselves or their real positions behind a mass of mere verbiage about side-issues and personal matters. One of the most common methods of doing this, is to make frequent professions of courtesy, of great forbearance, of being *compelled* to do thus and so; while their opponents are studiously represented as not only destitute of all these qualities, but wantonly unfair and ferocious in their assaults. By pursuing such a course the controversialist not merely aims to obscure his own positions but also to win for himself, as an *accused* party, the *sympathy* of his readers. We have been forcibly reminded of these thoughts by an editorial in the October number of the *Peninsular Journal of Medicine.* Our readers will remember that a paragraph in the May number of this Journal, called out an editorial in the July number of the *Peninsular Journal*, to which we replied in our September number. The simple question at issue was, whether the Medical Department of the University of Michigan was actually "*so far in advance of almost every other school in the country, in the cause of reform,*" *pointed out* in Dr. Cabell's report on medical education, published in the *Transactions* of the American Medical Association? To enable our readers to determine that question for themselves, in our article in the September number, we expressly refused to reply to any personal allusions or side issues, and proceeded directly to quote Dr. Cabell's views in his own words, together with the previous recommendations of the Association to which he referred. We also quoted *verbatim*, the requirements of the Michigan School, as published in the last annual

announcement, thereby enabling each reader to judge for himself concerning its *advances* and delinquencies.

In closing our article we alluded to a comparison, instituted between the Michigan School and the Rush Med. College, characterizing it as "unfair and uncalled for," at the same time quoting the part complained of, and adding the assertion, that "in the *position in which it was placed* by its author, it conveys the most glaring falsehoods." In reply to this, we have in the October number of the *Peninsular Journal*, *twelve* pages of what the editor, Dr. A. B. Palmer, calls a "defense." It commences with the usual professions of "editorial courtesy," of "fairness," of "forbearance even," and of the "greatest reluctance" on his own part; while he attributes to our humble self "such an array of unmanly evasions, untruthful statements, false accusations, and bitter bursts of feeling;" of having used "false and abusive language;" of being "under some strange infatuation—some *demon* of *passion*," of being his "unjust accuser—nay *his* bitter traducer;" and such a host of other similar expressions, that those of his own subscribers who read only his articles on the subject, would almost conclude that our editorial in the September number, had emanated from the very fountain of overflowing passion, and been written with a pen literally dipped in *gall* and *wormwood*.

If this style of writing is in accordance with the *taste*—the sense of propriety, of our amiable confrére of the *Peninsular Journal*, we will not dispute with him about it; but he shall continue to have the whole field, in that department, to himself.

And as he has found no "space," in the whole of his twelve pages, to make even the pretense of a reply to the facts we adduced in our former article, we will notice only a few additional items at this time. First, in regard to the main question at issue, the editor of the *Peninsular Journal* emphatically denies ever having claimed that the Michigan School had *fully* complied with all the requirements of the National Association.

He says, "now we repeat, as it is essential to be understood that the only issue we made was in relation to the specific measures in Dr. Cabell's report. We have never said that in *each minute particular* the University of Michigan had complied with

the recommendations of the National Association, though in the greater matters it has." We hope he will remember this admission, and when he publishes in the next Annual Announcement that "the *peculiar* position" of the Michigan University "is such that it has been enabled *fully to comply* with the demands of the profession;" or in his next speech before the National Association, he speaks of it as "an institution which had sought to *comply* with the *recommendations* of that body;" and the founders of which, "sought in its organization to follow your (the Association's) directions," he will be careful to specify those "minute particulars" to which he alluded. Because there might be much difference of opinion about the relative *minuteness* of some of the items, such as the omission of clinical instruction, the failure to require personal attention to dissections for a reasonable time, the deduction of *one year* from the ordinary period of study, &c. At present, however, we will so far gratify the editor of the *Peninsular Journal*, as to limit our further comments to those "*greater matters*," concerning which he *now* claims that the University is "so far in advance of almost every other school in the country."

We will first quote them in his own words as follows:

"The great principles of a proper standard of preliminary education—a long term of lectures, with thorough daily examinations in connection; and a high standard of professional attainments requisite to graduation. The University of Michigan *does profess* in these *great matters*, to have taken a step *in advance* of the other schools." Here we certainly have a distinct claim to superiority set up in behalf of that school, in regard to four well defined items, viz.; a high standard of professional attainments; thorough daily examinations; a long term of lectures; and a proper standard of preliminary education. Is this claim well founded? Is there no "*baseless pretention*," lurking in it? We would like to have the editor of the *Peninsular Journal*, specify in what respect the University of Michigan requires of its candidates for graduation, a *higher* standard of *professional* attainments than the other medical schools. Does the Faculty of that school require of its candidates a knowledge of any branch of

Medical Science not required by other medical schools? Certainly not, but on the contrary it wholly omits the important departments of clinical medicine and surgery, which very many of the other schools require. Does the Faculty of that school require of its candidates a longer period of medical study than other schools? So far from this, it allows a part of them to deduct *one third* from the usual period of study required by every other institution with which we are acquainted. Is it not plain then, that the University of Michigan, instead of having "taken a *step in advance* of the other schools" in regard to a higher standard of professional attainments, has actually retrograded both by narrowing the *field* of attainments and shortening the *time* required for its cultivation?

The claim set up to superiority in the matter of "daily examinations," rests on an equally slender foundation. The practice of making such examinations, and making them thoroughly, too, is neither new to the medical colleges of our country, nor by any means peculiar to the University of Michigan. Full *twenty* years ago, when Dr. Palmer and myself were both attending the same Medical College, the different members of the Faculty practiced as thorough daily examinations, as have ever been practiced by our neighbors in Michigan. And the same has been done in a large portion of the medical colleges in this country from that time to the present. When in our former article it was stated that all the members of the Faculty of Rush Medical College made it a rule to practice daily examinations of their classes, the word *rule* was used, not, as represented by Dr. Palmer, for purposes of *evasion*, but simply to express a fact. The rule is to examine daily; but sometimes when one subject requires several lectures for its full consideration, the examinations are deferred until the subject is completed and then time enough is devoted to review the whole by one examination.

In some of the best colleges in the country, the different members of the Faculty, instead of questioning the class daily on the subject of the lecture which has preceded, set apart one or two hours each week which they devote exclusively to thorough and systematic examinations.

Such has been the case in the college of physicians and surgeons of New York. For the editor of the *Peninsular Journal* to dignify these daily examinations with a place among the "*greater matters*" pertaining to "medical reform," and then to assume that himself and colleagues in the University of Michigan attend to them so much more thoroughly than all other medical teachers as to constitute a "step in advance," is not what we will call *arrogance;* for that would probably "*astonish*" him again beyond measure. But we will leave each reader to choose for it a term to suit himself. The next *great* matter concerning which the University of Michigan claims to have taken "a step in advance of the other schools," is the adoption of a *long* lecture term; extending to a little more than six months of the year. But, as we stated in our former number, even this is not really a "*step in advance*" of all the other schools in the country, either in regard to the time of its adoption, or its absolute length. Several years before the medical department of the University of Michigan had an existence, the medical department of the University of Virginia adopted a lecture *term* embracing *nine* months of the year, and has continued it up to the present time. So did the University of Pensylvannia and the College of Physicians and Surgeons of New York, adopt a lengthened lecture term [the one six, and the other five months], before the Michigan School possessed an active existence. So far then from having taken a step in advance, the latter school by adopting a long lecture term, has only *followed* in the footsteps of some of the oldest medical colleges on this side of the Atlantic. We would not detract in the least from any credit which is justly due our Michigan friends, for having adopted a long lecture term. It was only their boast of being "so far in advance of almost every other in the country," that we objected to as groundless.

Since the claim to being a step in advance of the other schools in this respect has been repeated with so much emphasis by the editor of the *Peninsular Journal*, it may be well to enquire briefly, whether the lengthened term itself has been used in such a manner as to accomplish the important purposes for which a long term was demanded by the profession. The great leading

purpose for which a longer lecture term was required, was, that the Faculties connected with the several medical schools, might so enlarge the curriculum of medical studies as to embrace more fully the important departments of General, Microscopic and Practical Anatomy, together with Clinical Medicine and Surgery. Instead, however, of devoting their lengthened term to the accomplishment of these important objects, our Michigan cotemporaries, have simply used the additional time to drill their candidates for graduation, once in from two to four weeks, in the ordinary grammar school exercise of writing and reading compositions. How far the profession generally will regard this as a step in advance, we will not pretend to decide.

The *fourth* and last of the "great matters," concerning which the Michigan University claims to have taken a step in advance of the other schools, consists in the requirement of "a proper standard of preliminary attainments." This indeed, may be regarded as the chief theme of their boasting and pride. It was *the* topic on which Dr. Cabell, in his report made allusion to the University. And certainly so far as they actually require any just standard of *preliminary education*, we will most cheerfully give them all due credit and honor. For when Dr. Palmer says in his last article that we have "*now ignored*," i. e., repudiated the importance, of this subject he makes an assertion without the shadow of a foundation. So far from this, in our article in the September number, we quoted fully all the requirements they have on the subject, and also enumerated it as almost the only item they had left on which to found a claim to advancement beyond other schools. But what is the exact position of the University of Michigan on this subject; and to how much credit are they entitled therefor? Their last Annual Announcement says: "each candidate for admission must be provided with satisfactory evidence of good moral character; and if a candidate for graduation, 'also of such literary attainments as have been recommended by the American Medical Association.' This, though rather indefinite is good as far as it goes; but in the same Announcement and almost in the same paragraph we have the following, viz.: "To encourage a higher grade of *preliminary acquirement*, an allow-

ance of *one year* from the term of study is made in favor of graduates of the Colleges of Science and Arts, and of other respectable literary colleges." The inconsistency of these provisions is very obvious. If the first is in good faith designed to secure on the part of all, an adequate amount of preliminary attainments, such as has been recommended by the National Organization, then the offer made in the second to deduct *one third* from the already restricted period of medical study "*to encourage*" the same thing, is entirely uncalled for, and highly mischievous in its tendency. How much credit should be awarded to them for taking "a step in advance" on the subject of preliminary education, while they allow so large a deduction from the regular course of study, we leave for the profession generally to decide. That part of our former article which seems to have given our friend, the editor of the *Peninsular Journal*, the greatest offense was in relation to his comparison between the requirements of the Michigan school and Rush Medical College. We alledged that his comparison was *unfair*, and that a portion of the language used, "in the position in which it was placed by its author, conveyed the most glaring falsehoods;" at the same time quoting in full the paragraph to which we alluded. This Dr. Palmer, styles an "outrageous accusation," and on the strength of it, tells his readers that we have charged him in terms, of uttering the most glaring falsehoods." In making this allegation, the Doctor has done himself, as well as us, decided injustice. He would make his readers believe we had charged him with *wilful lying*; whereas, our distinct accusation was that of *unfairness*, which consisted in his having used language that "in the connection in which it was placed" would convey to the mind of the reader the most erroneous, or false impressions, or "*falsehoods*;" the latter word being used as strictly synonymous with *errors*. But Dr Palmer, goes further and says: "now our neighbor, in his eagerness to convict us of untruth, and give excuse for his original unfounded accusation, has most dishonorably, it seems to us, concealed the fact that we were speaking *exclusively* on the subject of preliminary education—has garbled our paragraph, leaving out the sentences which so clearly show it, quoting only a part, which, taken out of connection seems to mean

a different thing." Here is a distinct claim that in the comparison, of which the paragraph we quoted was a part, he was speaking exclusively on the subject of preliminary education; and in another place he adds: "all that bears upon that subject we did mention—beyond that we did not pretend to go."

That our readers may judge concerning the *truth* of this last assertion, together with the extent of our previous "concealment" and "garbling," we will quote the whole of the original comparison alluded to. And here it is:

"The first reform urged in Dr. C.'s report, is the exacting of a higher standard of preliminary education of medical students.

"*On this point*, Rush Medical College exacts nothing of one who joins their class, but the registration of his or her name, and the payment of the ticket fees, if he or she attends the lectures. *That institution admits to the graduating class all who have studied the usual time, attended two courses of lectures of sixteen weeks, and who write and hand in a single thesis, which is seldom, perhaps, read—never by the student before the faculty or class.*"

"The University of Michigan feels at present under obligation to admit to the *lectures* all who possess a good moral character, and pay the matriculation fee of ten dollars. Those however who are admitted as candidates for *graduation*, must present themselves at the *commencement* of their second course of lectures, or after four years of reputable practice—show that they have studied medicine the proper length of time—must either present clear evidence, by certificates from competent sources, that they have 'a good English education, a knowledge of natural philosophy, and the elementary mathematical sciences, including Geometry and Algebra, and such an acquaintance, at least, with ancient languages as will enable the student to appreciate the technical languages of medicine and read and write prescriptions;' or in case such evidence is not furnished, the candidate must submit to an examination on preliminary education by a committee of the faculty. The candidates for graduation must also at the beginning of the term pass a satisfactory examination in Anatomy, Chemistry, Physiology, and Materia Medica, and once in from two to four weeks during the entire term, must present to the Faculty, and read and defend before them and such of the class as choose to attend, a thesis on some medical subject, as well as present a final thesis, upon which they must pass a public and rigid examination, usually from half an hour to an hour or more in length. In all these written exercises, originality of composition, clearness of language and doctrine, and precision of thought are requisite, and imperfections are pointed out and commented upon. This ordeal of

writing and public reading is a more thorough test of 'preliminary education' than can well otherwise be afforded."

The lines in italics, constitute the part which we quoted in our former article. Every reader will see that they constitute a complete independent sentence; the meaning of which is in no degree modified by any thing that precedes or follows it. Hence in quoting it, we neither "concealed" nor "garbled" anything whatever. It is true we omitted the heading of "preliminary education," and thereby, Dr. Palmer says, "we concealed the fact that the comparison related 'exclusively' to that subject; as though the *heading* or title must necessarily fix and limit the character of all that followed." To set up the claim that in the comparison above quoted, he mentioned "all that bears on" the subject of preliminary education, and nothing "beyond that," is surely the weakest of all pretexts. Will he tell us what *bearing* the payment of the "ticket fees," the "usual time" of medical study, the number and length of the courses of lectures, the time of previous practice, and the time of making the examinations in Anatomy, Chemistry, &c., have on the subject of preliminary education?

They are all topics occupying a prominent position in his comparison; and when he so blusteringly attempts to convict us of garbling and dishonest concealment, by claiming that he wrote *nothing beyond* what related to preliminary education, we think the "utter astonishment" which he speaks of in the commencement of his article must have seriously confused his ideas. But we are bestowing more time and ink on the article of our cotemporary than its merits deserve; and hence will not stop to notice several unfair and erroneous statements. Being entirely willing to let the candid reader judge whether an institution, "placed by the munificence of the State," entirely above want, can justly proclaim itself, "in all the *greater matters*," a step in *advance* of the other Colleges, while it omits entirely from its requirements all attention to Clinical Medicine and Surgery, and in some cases permits the deduction of one whole year from the usual period of medical study.